LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

Phone: (208) 334-2852 Fax: (208) 334-2282

To Be Filed By:

L-3

LOBBYISTS (Sec. 67-6619)

Page	of		Page(s
THIS SPACE	FOR	OFFICE	USE ONLY

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(Type or print clearly in black ink) See instructions at bottom of page Lobbyist's name and permanent business address Date prepared Tracy Mihas month ending 1415 L Street, Suite 1150 8/31/2006 (Day) (Mo.) (Yr) Sacramento, CA 95814 08 31 2006 ltem Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. Proportionate amounts contributed by each employer (Identify employers, under Category of Expenditure *Total Amount for Reimbursed Personal Living and Travel Item 3, at bottom of page.) Expenses Pertaining to Lobbying Activity All Employers Do Not Have to be Reported Employer No. 1 Employer No. 2 Employer No 3 Employer No. 4 Entertainment 0.00 0.00 Food and Refreshment 0.00 0.00 Living Accommodations 0.00 0.00 Advertising 0.00 0.00 Travel 0.00 0.00 Telephone 0.00 0.00 Other Expenses or Services 0.00 0.00 0.00 0.00 0.00 Total S S S *When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page 1 The totals of each expenditure of more than fifty dollars (\$50) for a legislator, other holder of public office, and executive officials. Item Names of Legislators, Public and Executive Officials in Group Date Place Amount n/a Continued on attached page(s) Employer(s) Name(s) and Address(es) INSTRUCTIONS Philip Morris USA Inc. by its service company Who should file this form: Any lobbyist registered under Section Altria Corporate Services, Inc. 67-6617 Idaho Code 1415 L St., Suite 1150, Sacramento, CA95814 Filing deadline: Monthly reports due within ten (10) days of the No. 2 month for activities of the past month. TO BE FILED WITH: No 3 Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 No. 4

4	personal pror	Amount			Official or for or on behalf of any Legislator, Public or Executive Official. me of Legislator, Public or Executive Official Receiving or Benefiting			
Item		of proposed legislati	on, the number of the Senate legislative activity in which		LEGISLATIVE SUE			
5	the Lobbyist w	ras supporting or op	posing.	Code 01	Subject Agriculture, horticulture,	Code 17	Subject Health service, medicine, drugs	
subject (from		ive Ident. Number	Appropriation Bill Number and Section Number	02	farming, and livestock Amusements, games, athletics		and controlled substances, health	
n/a	a	n/a	n/a	03 04 05 06 07 08 09 10 11 12 13 14 15 16	taxation, revenue, budget, appropriations, bids, fees, funds Government, county	18 19 20 21 22 23 24 25 26 27 28 29 30	Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining	
		ss, financial service	ision, procurement, contract is or bond lobbyist was		CERTIFICATION: I hereby certification of the correct statement in accordance with the correct statement in accordance with the certification of the certific			